

12. The warnings of mental overwork and overstrain vary with individuals and circumstances, but certain psychical symptoms, and such physical symptoms as immobility of countenance, diminished resisting power, heart-failure, sleeplessness, cervico-occipital pain or distress, and dyspepsia are of most frequent occurrence.

13. Insanity, particularly in the forms of melancholia and parietic dementia, is sometimes developed by brain strain and overwork. A family history of insanity is often present in such cases.

14. Phthisis, diabetes, and Bright's disease are among other diseases most likely to be developed by mental overwork. Men in whose families phthisis is hereditary should carefully guard against such overwork.

15. Overtaxing the mind and nervous system may be the exciting cause of almost any serious disorder to which chance, accident, imprudence, or infection exposes the individual.

16. Many diseases, not nervous in their seat or manifestation, are developed directly or indirectly as the result of mental and nervous strain, through exhaustion, impairment, or lesion of the centres of the organic functions.

A CASE OF HEMORRHAGE IN THE CORPUS CALLOSUM.—Erb (*Virchow's Arch.*, Bd. xcvi., Heft 2) reports the case of a male, æt. sixty-one, who was acutely attacked with headache, vertigo, vomiting, rigidity of the neck muscles, and incontinence of urine. He became stupid and somnolent, his respiration was slow and stertorous. Motility and sensibility were normal, except abolition of the patellar tendon reflex. Later, spasms of the extremities, pupillary immobility, and Cheyne-Stokes phenomena appeared, and the tendon reflex returned. Death followed on the eleventh day. There had been no disturbance of speech, deglutition, mastication, or mimetic movements. No paresis, ataxia, rigidity or disturbance of the special senses, and no psychical alterations except the somnolence. A diagnosis was made of sub-acute cerebro-spinal meningitis. The autopsy revealed a cerebro-spinal, hemorrhagic lepto-meningitis, also a hemorrhagic rent of the corpus callosum through its anterior three fourths, involving its entire thickness. Attention is called to the case as showing that almost the entire callosum may be destroyed without disturbance of motility, co-ordination, sensibility, the reflexes, special sensation, the speech, and without profound disturbance of the intellect.—Thomsen in *Centralbl. klin. Med.*

A CASE OF ACUTE POLIOMYELITIS IN THE ADULT.—John Van Duyn, M.D., of Syracuse, N. Y., reports under the above heading, in *Arch. Med.*, Aug., '84, the case of a male, æt. twenty-three; clerk, of good muscular development, with no history of intem-

perance, venereal or other disease, except malarial fever in 1881, and typhoid fever in 1882. On Aug. 24, 1883, after walking nine miles, arriving home at 2 A.M., he slept six hours. At noon he exercised for two hours in a violent manner, in jumping and "putting" a stone weighing nearly forty pounds, the stone being "put" from the shoulder, by the right arm forward, and thrown by both arms over the head backward. After a hearty dinner he walked three miles, rode in a stage two miles, and by rail ten miles, and retired at 11 P.M. after an additional walk. Some soreness was felt for a day or two only. He was not overheated or chilled by his exertion. September 7th he awoke with severe pain between the shoulders, increased by rotation of the head. He continued work that day, but felt chilly and had a red face. In the afternoon his grasp became weak (right hand), being hardly sufficient to hold a pencil in writing, and by the third day power was entirely lost. That evening he rode ten miles by rail; insomnia, headache, chill, and nausea occurred that night. The next day he could raise his right hand to his face, but could not button his clothes with it. His legs failing, he rode home in a wagon three miles, getting in and out with difficulty. The following day felt weak and sore, the left arm becoming feeble (not below elbow). At night he could raise neither elbow from the bed, and was obliged to remain there. He suffered from general soreness, the whole body being painfully sensitive to the touch, respiration being also painful. During the next three or four days the paralysis became general, excepting the head, neck, thorax, and the left forearm and hand. He could not raise his heels from the bed, but could flex the thighs on the abdomen. He had decided constipation, but no bladder affection. Temperature on the fourth day 102° ; a few days later 101° . Improvement began after the tenth day. At the end of the second week could not stand nor raise feet from the floor. At the end of the third week could walk with assistance, dragging feet. The left arm recovered rapidly. After the fourth week he could walk alone, the right leg being much the stronger. During the four weeks he lost sixty pounds in weight. Examination Jan. 12, '84. Complete loss of voluntary motion (with great atrophy) in all muscles supplied by the right brachial plexus excepting the fifth and sixth cervical roots. The right hand atrophied and deformed *en griffe*; unaffected by faradism; responding to strong galvanism, except those of the hand; atrophy of the left supraspinatus and infra-spinatus, and to a less degree the pectoral muscles; all responding well to faradism. The elbow could be raised with great difficulty to the level of the shoulder. Power to raise either knee was diminished; reaction to faradism in the left anterior tibial, but no voluntary power. On May 16, '84, after almost daily electrical treatment, all muscles of the right upper extremity contract with galvanism according to the normal formula. The brachialis anticus, biceps, sup. longus, and the pectoral muscles contract under faradism, and all have voluntary power

except sup. longus. The left shoulder muscles and left anterior tibial are also under voluntary control. Dr. Van Duyn remarks that "this typical case of acute spinal paralysis is recorded because of the clear history of the progress, and retrogression of the paralytic state, and the manifest relationship between the disease and the violent muscular exertion which preceded it. Should the gymnastic violence be conceded as the cause, than which no other is apparent, then interest must attach itself to the length of time which intervened between the cause and the outbreak of the disease, and to the fact that while both extremities, upper and lower, were affected during the fever, the muscles which remained paralyzed and atrophied were those most violently exercised, and the severity of the results and their permanency are in direct ratio with the use of the muscles."

TUMOR OF THE CEREBELLUM.—Dr. S. A. K. Strahan reported the following case before the British Medical Association in a paper on tumors of the cerebellum: Charles L., aged seven, was admitted as an idiot into the County Asylum, Northhampton. He was a small squat boy, with convergent strabismus and some nystagmus. He talked incoherently in a semi-distinct manner, answered simple questions sensibly with "yes" and "no," and made peculiar noises with his mouth at times. He was dirty and destructive in his habits at first, but improved much in this respect. He always had an awkward gait although nimble with his feet, and he generally kept the hands and wrists half flexed as though semi-paralyzed. Co-ordination in the hands appeared good, but in the legs it was from the first imperfect; vision was good and sensation normal. The family history is worthy of attention; it is as follows: His grandmother was an epileptic; his mother was an inmate of an asylum; his father had been a certified lunatic on at least one occasion, and an uncle had died in an asylum. The boy lived five years after his admission into the asylum. After one year's residence he began to have attacks of vomiting at irregular intervals, which were attributed to over-eating, and a year later he developed what was looked upon as a true epilepsy. During the third year of residence, the fits, which had been few, began to increase in number, and he made no mental advance from this time. During the fifth and last year, he became unable to walk safely. His gait was exactly that of a child, giddy from turning round; when he got started in a straight line he would get along pretty well at a kind of half run, but when called back he would stop, sway about, and seem unable to turn from fear of falling. During the six months before death, the giddiness increased and he was soon totally unable to walk alone, although he could do so fairly well if supported by the hands. Then he became worse and could not stand alone. If left standing he swung around and fell. The body did not in its gyratory movements always swing to the same side; the direc-